

AIDS

WORKING

WITH

YOUNG

PEOPLE



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with Chrissie Horsley and Tamsin Wilton

AIDS: WORKING WITH YOUNG PEOPLE

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INTRODUCTION

This new edition of AIDS: Working with Young People is a collection of health education materials for use with young people aged 14 and over in youth clubs, youth centres, training schemes and schools. The original AIDS: Working with Young People was designed specifically for use in out-of-school settings. It was developed by working closely with young people, and since its publication in 1990 has been used extensively and with much success by those working with young people both in this country and abroad.

Since the publication of the first edition, it has become increasingly apparent that teachers in schools are in need of a resource which encourages discussion and debate about scientific, medical, social and personal issues relating to HIV and AIDS. Identification of health education as a cross curricular theme in the National Curriculum, and recent statutory guidance which makes Sex Education, and with it discussion of HIV and AIDS, compulsory in secondary schools, has compounded this need. So this thoroughly revised and updated second edition of AIDS: Working with Young People has been developed to take account of the specific needs of schools, whilst still remaining a key resource for use with young people in more informal settings.

Our aim has been to begin with what young people themselves want and need from HIV and AIDS education, and to provide the necessary information and support to those working with them. The result is a pack consisting of a selection of group work exercises and games. Alongside those exercises which have already been used with great success in the youth service, and will already be familiar to many youth and community workers, are a range of new activities developed to address issues which have become more pertinent in recent years. Some of these exercises have been developed with particular regard to the school setting, and all have been extensively piloted in secondary schools.

The exercises are introduced by a background text which gives an overview of the medical and social aspects of HIV infection and AIDS, as well as advice and information on young people and their needs, ways of going about HIV and AIDS education and suggestions for planning and evaluating sessions in different settings. This background text has been significantly updated to take account of new developments. It is possible to read only those sections which deal with unfamiliar information or ideas, although reading everything will give a clearer insight into the issues that need to be tackled. In addition, some of the text is particularly relevant to those working in schools, while other sections are aimed at those in the youth service, and where this is the case it is clearly indicated.

Education about HIV and AIDS clearly involves more than the provision of medical information, since it touches on issues such as sex and sexuality, gender, injecting drug use, racism and prostitution. As will become clear, challenging prejudice is important both for the success of health education and for those directly affected by HIV and AIDS. This pack has been designed to encourage young people, and those working with them, to consider their feelings about issues

such as sexism, racism, heterosexism and homophobia. It also raises questions about disability. It is important to think carefully about your own feelings towards injecting drug users, Black people, lesbians and gay men before using it, and on pages 88-93 there are three exercises to help you do this. They do not take much time to complete, so do try them.

The exercises themselves have been designed for convenient and flexible use. They are colour-coded into different types - some to help you prepare yourself for HIV and AIDS work with young people and others which help establish a supportive structure to work in, those to do with information about HIV and AIDS, those which facilitate work around attitudes towards minority groups, and those which deal with sex, safer sex, and drug use. Guidance is provided on page 83 on how exercises can be combined together to make up programmes of different lengths, depending on the time available and the needs and interests of the group. You will also find guidance on page 85 about which exercises are appropriate for use in specific curriculum areas and subjects in schools, as well as for the development of programmes for Personal, Social and Health Education (PSHE).

You will notice that the word 'homosexual' appears rarely in the pack. This is deliberate. The word 'homosexual' is a pseudo-medical term invented in the nineteenth century and, because of its implications of abnormality, it is one which many gay men and lesbians find offensive. It is also confusing, since it applies to women as well as men. We have therefore taken great care to use wherever possible the terms 'gay men' and 'lesbian'. The word 'Black' is used to refer to all minority groups whose skin colour and cultural background renders them vulnerable to discrimination and prejudice, not just to people of Afro-Caribbean origin. The issue of how to refer to people who have a disability is a difficult one. Terms such as 'physically challenged' are preferred by some, but refer specifically to physical disabilities. It is also important to recognise that many of the difficulties experienced by disabled people are a direct result of able-bodied people's own attitudes to disability. The term 'disability' covers sensory, motor and intellectual impairment, and we have chosen to use the phrase 'disabled people' rather than 'people with disabilities', since this seems, on balance, to be one which reflects most accurately the wide range of disabilities, as well as the political and social nature of disabled people's experience.

The appendices list some of the organisations that can provide further support and information. They also contain details of additional resources. Chapter 1 contains information about the law as it relates to teaching about sexuality or HIV and AIDS. The legal position may vary slightly depending on where you work, so if you are uncertain about this, we suggest that you seek local advice. Given that many people in schools and the youth service in England and Wales are anxious about the implications of Section 28 of the 1988 Local Government Act for their work on HIV and AIDS, the discussion of this piece of legislation on page 14 is particularly important. We recommend you read it to reassure yourself that Section 28 has no bearing whatsoever on activities which aim to prevent the spread of disease - and that is what HIV and AIDS education is all about.

Responding to AIDS. What is effective health education? Wider issues. How to go about HIV and AIDS education. Working in schools. Working in the youth service.

RESPONDING TO AIDS

The impact of AIDS on everyday lives has been, and continues to be, dramatic. Because it is such a new phenomenon, information about AIDS changes rapidly. There are, however, some certainties. We know that the Human Immunodeficiency Virus (HIV), the virus which can lead to AIDS, is present in blood, vaginal and cervical secretions and semen, and can be transmitted through blood-to-blood contact, such as happens when needles are shared, as well as through penetrative sexual activity without condoms. We also know that many thousands of people with AIDS around the world have already died, and others will do so in the future.

In the absence of a vaccine against HIV, or a cure for AIDS, the only way in which we can halt the epidemic is through effective health education. Two ways in which we can reach young people are by providing HIV and AIDS education in schools and in youth groups and clubs. This chapter will help with planning and carrying out HIV and AIDS work in these settings, and discusses some of the reasons why we should take up this challenge.

WHAT IS EFFECTIVE HEALTH EDUCATION?

None of us passively 'receive' information, store it away and then use it to make logical changes in our behaviour. If this were so, few people would smoke, or drink and drive. Instead, new ideas are fitted into place, compared with pre-existing beliefs, and actively 'made sense of' in the light of conflicting or supporting information we already have. What we do with new information is influenced by religious and cultural factors and by common sense beliefs which we may hardly think about.

We all 'know', for example, that sitting in a draught is a good way to get a cold in much the same way that our grandparents 'knew' that masturbation led to blindness. Such lay beliefs can profoundly influence the way in which we all respond to simple pieces of information.

In HIV and AIDS education, as with education designed to reduce smoking or to prevent alcohol-related car accidents, we are rapidly discovering that information-giving is not enough on its own. In addition, the experience of being on the receiving end of 'expert' advice may be counter-productive in that it makes many people feel powerless and helpless.

When it comes to HIV infection and AIDS, the people who have changed their behaviour, and who have succeeded in reducing new infections most are gay men. Amongst gay men, information about HIV, AIDS, and safer sex has not been handed out by experts. As the group of people first affected by AIDS in the developed world, gay men were sharing information about safer sex long before health officials recognised the existence of AIDS, and some time before the virus responsible was discovered. Information about HIV has been passed around by word of

mouth, in self-help groups, and in the gay press. Self-help groups such as the Terrence Higgins Trust in London and other equivalent organisations elsewhere have grown up. Buddying groups, which provide befriending and practical help for people with AIDS, have worked not only to prevent further infection, but to support people who are already infected. This enormous effort has sprung from a group of people well aware that AIDS is of very real concern to them. Some people are concerned however that a number of younger gay men are not always now having safer sex, although it is important to add that they, along with other young people, have not always had the same access to information and education as adults.

This is not a phenomenon unique to AIDS. Self-help health groups have worked for many years to enable women to take better care of their health, to be assertive when dealing with doctors, and to explore alternative treatments. There are cancer self-help groups too, the MIND mental health system consumers network, and small local groups aimed at supporting those who want to stop smoking. Although self-help groups vary greatly in size, approach and in terms of the issue they deal with, they all have two things in common: first, they deal with issues of direct relevance to their members as individuals; and, second they allow those involved to identify their own concerns and so set their own agendas.

Educators working with young people have much to learn from the effectiveness of these approaches which do not preach or offer expert advice, but which start from issues that are important to participants.

Young people have been singled out as a group in special need of information about HIV and AIDS, and have been positively deluged with 'expert' advice, most of which consists of variations on the theme 'Just say No' or 'Don't'. The message which is being delivered is that abstinence from drugs, coupled with chastity, fidelity, monogamy and marriage are effective ways to protect against HIV. This kind of advice is both inaccurate and misleading. Injecting drugs does not in itself lead to HIV, sharing a contaminated needle does. Sticking to one partner will not offer protection against HIV if that partner is infected; and a marriage certificate is, in the context of HIV infection, irrelevant. Many people have insisted that having fewer sexual partners will reduce the risk of infection, or that 'knowing' your partner can offer protection, but this is simply not correct. The only thing which can offer protection from sexual transmission of HIV is to practise safer sex (see page 64). If you do not know about safer sex though, having sex with fewer people simply reduces the likelihood of you meeting a sexual partner who has HIV infection. And 'knowing' your partner offers no protection at all, unless you are absolutely sure (and it is almost impossible to be so) that they are not infected with HIV.

Many of the messages, then, about HIV and AIDS that are conveyed to young people have very little to do with effective health education, but rather seek to promote a particular moral code. Understandably therefore, many young people are cynical about the advice they have been

given. They recognise that it is very convenient to have the threat of AIDS to reinforce the views of those who favour 'abstinence' and 'restraint'. Those of us who work with young people have probably heard them say that they are 'bored' with talking about AIDS. On further discussion though, it often turns out that what young people are 'bored' with is the barrage of advice which does not take account of the way they live, and which does not respect their choices. In order to make an impact on young people, we need to begin from the issues that concern them most. We need to be clear that our business is to help them avoid HIV infection, not to tell them how to conduct their personal affairs; and we need to challenge the dangerous belief that 'AIDS has nothing to do with me'.

Young people need an opportunity to talk about the information they receive, to see how it fits into their lives, and to practise some of the skills, such as assertiveness and negotiation, which will enable them to protect themselves. The exercises, games and activities in this pack involve educators and participants in the process of learning, focusing on understanding rather than simply memorising facts. They are also designed to help young people identify and vocalise their own needs in relation to HIV and AIDS education.

WIDER ISSUES

Talking about HIV and AIDS ultimately raises wider issues of sexism, racism, class, disability and age, as well as prejudice against gay men and lesbians. As will become clear, prejudice serves to distort health education messages, and affects the way in which people make sense of the information they are exposed to. Work around HIV and AIDS must therefore attempt to address the deep-seated prejudices in our society. Chapter 4 is devoted to the discussion of these issues.

HOW TO GO ABOUT HIV AND AIDS EDUCATION

AIDS is undoubtedly a challenging topic for those working with young people. Issues such as sex and sexual preferences, drug use, relationships, illness and death arouse strong feelings and are often difficult or painful to talk about. Many adults feel ill-equipped to talk about HIV and AIDS, perhaps because they do not think that they know enough about it. However, it is the relationship with the group members that is most important. If young people feel safe enough to look at some of the issues with you, and these exercises are designed to help create a situation where there is that feeling of safety, you will have done something useful.

Many of the issues and skills which are pertinent to HIV and AIDS, such as decision-making and effective communication skills, are important in relation to other areas of young people's lives. There are clear parallels with alcohol and drug use, relationships with parents, friends and partners, and even career choices, for example. Even if you have not approached HIV and AIDS education before, it is possible that you may have some experience of working in other areas, and can draw upon and capitalise on this, as can the young people in the group.

It is important to realise too that sometimes there are no clear answers to questions about HIV and AIDS. Expert opinion changes rapidly, and experts often disagree. Reading Chapters 3 and 4 should give you plenty of factual information, but there is absolutely nothing wrong with saying 'I don't know ... but I can try and find out for you' or 'I don't know, but maybe someone could find out for all of us?'

With careful planning and evaluation of sessions, we can plan education which will go a long way towards addressing the concerns of the young people we work with. The following pages will help you plan a programme suited to the needs of your group.

Laying the Foundations for HIV and AIDS Education

It is important, both for the effectiveness of the work, and for your own sake, that you prepare the ground for HIV and AIDS education. Assessing the needs of a particular group and preparing them, yourself and other adults who may be involved, is the best way of anticipating any problems which may arise.

Assessing the needs of any group can be done fairly easily, and often happens naturally during discussions on other topics, or simply by paying attention to what young people are talking about together, the questions asked by individuals, or the graffiti on walls. By occasionally introducing AIDS into the conversation, it will become clearer what the main concerns of the group are likely to be, and you will then be able to decide on the kind of focus your work will need. For example, it may become apparent that one particular group is very prejudiced against gay men, while another group, perhaps of young mothers, may be more concerned about blood transfusions, breast feeding or condom use. The exercises HIV1 and HIV2 will also help you to assess the needs of your group. Having gained these insights, a programme may be devised which takes the particular concerns of your group as its starting point.

Establishing an appropriate context for HIV and AIDS education is also important, as the support of other adults can make all the difference to the effectiveness of your work. Ideally, HIV and AIDS education should take place with the co-operation of colleagues, parents, young people themselves and, where appropriate, community leaders. Anyone working with such support is fortunate indeed, but prior discussion with colleagues may prevent misunderstandings, and can reveal quite unexpected enthusiasms.

Working with colleagues on a day-to-day basis can mean that it is perhaps less difficult to find the right people to work with, seek funding from, or simply to give official support to what you are hoping to do. It is also often easier to reassure anxious or indignant parents if you have the official backing of your head teacher, line manager, management committee, priest or whoever is appropriate.



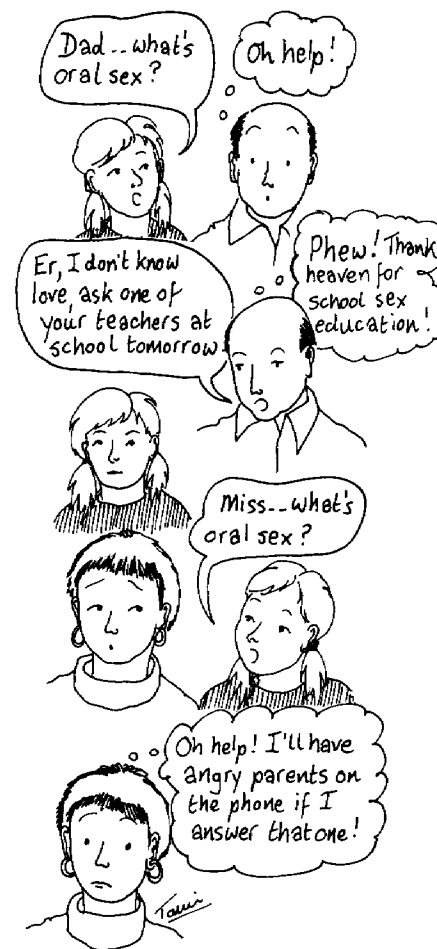
Despite negative stereotypes to the contrary, many parents, who may find it difficult to discuss sex with their children themselves, are grateful to schools and youth workers who take responsibility for sex education.² Teachers and youth workers who are able to develop a good working relationship with parents find that this partnership can be extremely productive. If at all possible, give parents the opportunity to become involved in your work. After all, they are likely to know as little or even less than their children about HIV and AIDS, and a concerned and informed parent can often be a useful ally. One way to involve parents is to set up a session for parents themselves around the kind of work you are planning.

A few parents may have religious, ethical or personal objections to some HIV and AIDS education work. It is important to remember that even in situations where HIV and AIDS education seems extremely difficult to institute, there is usually some work which can be productively engaged in to the satisfaction of all those concerned.

Preparing the Ground

There are a number of steps which you may want to take in preparing to work on HIV and AIDS.

- Before starting any work, consult with your line manager, management committee, head teacher, governing body and colleagues as appropriate. This will ensure that you do not take on all the responsibility for HIV and AIDS education, and also affords you professional protection and, hopefully, support. You may also find that other teachers or youth workers are interested in working with you.
- Next, find out if any policies exist in your school or place of work, and if so what they prescribe about sex, AIDS and drug education. If there are no policies pertaining to this kind of work, you should ideally begin to work towards developing a policy along with colleagues, governors or management committee. However, this can take some time, and the lack of a comprehensive policy should not be seen as a reason to delay important work around HIV and AIDS.
- Identify and contact any individuals or organisations in your locality who may be able to help in any way or provide you with resources. Such contacts might include local Health Promotion Officers, voluntary AIDS groups or Family Planning Clinics.



- Find out about any opportunities for training which exist. Unfortunately opportunities for training teachers and youth workers in HIV and AIDS work are often limited by financial constraints. However, it is still worthwhile discussing such possibilities with your head teacher or line manager.

Using Outside Agencies and Speakers

The emphasis in this pack is on providing you with some of the resources and support that you need to work on HIV and AIDS education. There is no substitute for developing a good ongoing relationship with the young people you work with, and no outside speaker or facilitator, however excellent, can hope to establish such a relationship within one or two sessions. What is more, the visit of any outside speaker will inevitably raise issues and questions in the minds of the group, and it is you who will have to respond to these in the speaker's absence.

Nevertheless, there may be certain occasions when you, or the young people you work with, feel it is appropriate to bring in someone from an outside agency to speak. When this is the case, it should always be borne in mind that outside speakers are not an alternative to your own work, rather they should be complementary to it. Outside speakers, when invited as a part of a well planned overall programme of HIV and AIDS education can be a useful resource to enhance and extend your own practice.

When you are thinking about inviting an outside speaker it is important to take account of the following guidelines for good practice.

- Be sure to discuss the invitation of any outside agencies beforehand with the group of young people concerned.
- Be sure to carry out some careful research into the organisation the speaker represents, to be sure that their aims match yours, and that they will meet the needs of your group. If at all possible, go to an event or workshop which the speaker is running in order to make a clearer assessment.
- Ask for an outline of what the speaker/facilitator intends to discuss with your group. This will give you a clearer picture of what he or she intends to do, and will also allow you to anticipate any follow-up questions which may arise.
- Inform your head teacher, line manager or management committee before inviting anyone to your place of work.

Talking About Same-Sex Relationships

Some teachers and youth workers feel anxious when discussing same-sex relationships in the classroom or in a youth group setting. This concern has not been helped by apprehension about Section 28 of the Local Government Act 1988, which states that Local Authorities should not 'promote homosexuality'. But Section 28 in no way applies to the work of individual schools or teachers. Similarly, for youth workers involved in AIDS education, it also has no relevance whatsoever.

In fact, there is no legislation of any kind pertaining to the way in which same-sex relationships should be talked about. If you feel this legislation is serving as a barrier to any work on HIV and AIDS in your school or place of work, please reassure yourself by reading the more detailed discussion of Section 28 on page 14. You should also make it clear to your colleagues, as appropriate, that Section 28 does not apply to them, and should in no way hinder their work on HIV, AIDS and the breaking down of prejudice and hostility towards gay men and lesbians.

Evaluation

We tend to think that evaluation comes after the work, not before. Indeed, some evaluation is best carried out at the end of a session or series of sessions. However, on-going informal evaluation is a valuable tool in the process of groupwork, or indeed, of any kind of education. Deciding on the kind of evaluation you will find most useful is important at the start, and you will find some suggestions on how to do it in Chapter 6.

Looking After Yourself

Working with young people around HIV and AIDS, and the issues it raises, can sometimes be distressing, and you will undoubtedly need support. You must, when asking young people to participate in this kind of groupwork, preserve confidentiality, but you will also need some kind of outlet for your own feelings.

Setting up suitable support for yourself is vital. It is well worth while getting together with colleagues and discussing what kind of support you could set up within your organisation. If you are working on your own, however, you may have to fall back upon partners and friends. In this case, it is even more important to preserve confidentiality in any discussion you have. Perhaps you could arrange to talk in confidence with a colleague. It is a good idea, if at all possible, to have an agreement with a colleague that they will wait on the other end of a telephone when you finish a session so that you can talk there and then if you need to. If appropriate, you may also be able to ring a local AIDS helpline, sexual abuse or rape crisis line, lesbian/gay switchboard or other specific organisation (see Appendices C, D and G) for telephone advice or face-to-face counselling.



Another common concern when preparing for HIV and AIDS education is embarrassment. In our culture it is rather unusual to talk freely about sex and sexual preferences, or about injecting drug use, and it can be an unexpected and sometimes shocking experience to suddenly have to start discussing details such as oral and anal sex with young people. Moreover, to do this can sometimes challenge our ideas about what is professionally acceptable behaviour. This kind of open discussion can also be a tremendous shock for young people, who are often no more accustomed to talking about sex than adults, and certainly not with an adult.

If you find yourself becoming red-faced and uncomfortable when having to say words like 'condom' or 'masturbation', it can be helpful to practise saying them beforehand in front of a mirror, and to remember that your initial embarrassment is quite natural and will eventually pass. It is important as well to respect the privacy of everyone involved. There should be an explicit agreement that in HIV and AIDS education nobody has to talk in detail about their personal relationships - a respect which extends to teachers, youth workers and group participants. During those exercises which involve discussion of specific sexual activities, people need to be clear that they are discussing things that they are aware of, rather than things they have necessarily tried themselves.

Female teachers and youth workers may, in addition, experience sexual harassment from the young men they work with. This may take the form of inappropriate, overly personal or intrusive comments. Your own participation in the establishment and maintenance of clear ground rules (see page 61) will help you to deal with this problem should it arise. You might also work, along with your colleagues, towards the development of policies on sexual harassment, if these are not already in place.

Finding a language to talk about sex is notoriously difficult, and allowing an acceptable set of terms to come from the group (see Exercise SS1) is an important first step towards overcoming shyness and nervousness. In this instance 'the group' refers to both the young people and the adults who are working with them: the terms arrived at must be comfortable for everyone who is to use them, including the teacher or youth worker.

Another valuable outlet for embarrassment is humour. Giggling, laughing and the occasional joke can sometimes be effective ways of defusing feelings of anxiety and embarrassment.

The remainder of this chapter offers more specific guidance to teachers and youth workers. If you are a youth worker, you may want to skip on to page 15. If you are a teacher you may want to conclude your reading at page 14.

WORKING IN SCHOOLS

Although some schools have been working on issues around HIV and AIDS for quite a while, others are in the process of developing programmes of HIV and AIDS education, and many teachers are embarking on this work for the first time. In part, the impetus for this originally came from the demands of the National Curriculum, which in September 1992 made HIV and AIDS education a compulsory part of the science curriculum at Key Stage 3. The subsequent Education Act 1993 removed HIV and AIDS from Science and placed it within Sex Education, which became a compulsory part of the curriculum for schools in England and Wales.

Nonetheless, Sex Education is not the only context in which HIV and AIDS education can take place. A wide variety of subject specialists are already delivering education about HIV and AIDS, either within their subjects, as a cross-curricular theme, or in Personal, Social and Health Education. Even those teachers who are not timetabled to undertake work around HIV and AIDS are finding that, from time to time, the young people they work with raise the topic in the course of other activities. Many teachers are unclear about the legal and statutory position in relation to work of this nature. Although we cannot hope to address all the issues in detail within the confines of this pack, we have identified some key areas of concern, and offer guidance on further reading (Appendices C and G).

Some teachers are in the position to introduce programmes of HIV and AIDS education into their own school, and, as stated already, every school now has the statutory obligation to provide some discussion of HIV and AIDS. But when you are a lone voice, or part of a small group of voices, attempting to institute a more comprehensive programme of work around HIV and AIDS, it can seem daunting. What is more, commitment can be difficult to maintain in the face of the opposition which sometimes presents itself.

The discussion which follows should provide teachers who want to undertake HIV and AIDS education with support. And it should prove useful when talking with head teachers, colleagues or parents who are not convinced of the need for HIV and AIDS education in the school, and who may be unaware of the statutory obligations placed on schools.

Health Education in Schools

Section 1 of the Education Reform Act (1988) places a statutory responsibility upon schools to provide a 'balanced and broadly based curriculum which:

- (a) promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society; and
- (b) prepares such pupils for the opportunities, responsibilities and experiences of adult life'.



The provision of health education can go some way towards fulfilling this responsibility, and indeed, in NCC Curriculum Guidance 5: "Health Education",³ health education is defined as "the promotion of quality of life and the physical, social and mental well-being of the individual".

Although health education is not one of the subjects which must be taught in schools, it is identified by the National Curriculum Council as a cross-curricular theme, and it is recommended that schools make some provision for it in order to provide pupils with a balanced curriculum.⁴

Some schools offer health education as a separately timetabled subject, some deliver it through a programme of Personal, Social and Health Education, and others as part of pastoral or tutorial support. Often it is the skills possessed by a particular teacher, or group of teachers, which determines where HIV and AIDS education takes place. For example, if an English teacher has a particular interest in HIV and AIDS education, the English department may build this into their curriculum.

HIV and AIDS education should not take place in a vacuum, and it cannot be separated from the diverse range of health and social issues it raises. A comprehensive programme of health education, in which sexuality and drug use are discussed, provides the best forum for HIV and AIDS education and the complex and diverse issues it raises.

Sex Education in Schools

Section 18 of the Education (No. 2) Act 1986 stipulates that school governors must "make, and keep up to date, a separate written statement" of the sex education policy for their school. However, a good number of schools do not yet have such a policy, and a survey carried out by the Sex Education Forum in 1992, found that of the 87 education authorities who participated in their study, less than half were able to specify or estimate how many schools had formulated policies on the provision of sex education. Where information was available, just over two thirds of schools had written policies.⁵ Although school governors have the responsibility for deciding policy on sex education, once the Education Act 1993 comes into force, they will no longer have the option to decide that there will be *no* sex education at all in their school. It is important that you find out about your school's policy (if and where such a policy exists) on the teaching of sex education before embarking on HIV and AIDS work. If your school is currently formulating a policy, if at all possible you should try to get involved in this process.

Much controversy and discussion was generated among teachers when Section 46 of the Education (No. 2) Act 1986 stipulated that the local authority, governors and head teachers should:



"take such steps as are reasonably practicable to secure that where sex education is given to any registered pupils at the school it is given in such a manner as to encourage those pupils to have a due regard to moral considerations and the value of family life."

This does not mean that only one approach to sex education is possible in schools. In fact, no more specific information is given in the Act about the particular "moral considerations" which are to be taken into account, nor of the value of the diverse forms of family life which exist in our society. However, some further guidance is due to be provided with the issuing of a new DFE circular to replace the DES Circular 11/87 - 'Sex Education at School'.

Some teachers are justifiably concerned about parental reaction to the provision of sex education in schools. It is certainly very important to take account of the feelings, concerns and culture of parents, and to attempt to build a partnership with them. The degree of parental involvement will vary from school to school. You may want to invite parents to the school to discuss this, if they so wish, or to offer some kind of open evening where they can look at any materials and talk about how they can become involved in HIV and AIDS education.

It is not usually necessary to send letters home to inform parents that you are doing sex education. In fact, this can be somewhat alarmist; neither is there any legal obligation to obtain the consent of individual parents before embarking on sex education. Although, once the Education Act 1993 comes into force, parents will have the right to withdraw their children from Sex Education (or Religious Education), although they will not have the right to withdraw their children from any part of the National Curriculum. Many schools now have a prospectus which is given to parents before or on their child's entry to secondary school. The school policy about sex education, along with discussion of other areas of the curriculum, should be available within such a document.

The provision of sex education in schools is likely to remain a very sensitive subject. So, in order to protect yourself in the event of difficulties, it is important to ensure that before embarking on sex education you have the support of governors, headteacher and colleagues.

HIV and AIDS Education in Schools

As stated earlier, schools have primarily been delivering HIV and AIDS education through the science curriculum because of the statutory obligation to do so. Unfortunately, the demands of the National Curriculum have meant that the focus has tended to be overly biological. Now that HIV and AIDS are primarily to be discussed within Sex Education, it is important to break away from this approach, and build a curriculum which acknowledges wider personal and social issues.



Historically, school sex education has often concentrated on the biological aspects of human reproduction. It is often easier to focus on, and discuss, the bio-medical aspects of sex and HIV and AIDS, than the complex and sometimes difficult issues around sex, sexuality, emotions and attitudes. However, there is now the chance to build a curriculum which approaches sex, and HIV and AIDS, comprehensively.

Section 28 and HIV and AIDS Education

Large numbers of those working with young people, particularly those employed by local authorities, are confused and concerned about Section 28 of the Local Government Act 1988. Concern about this statute can impede, or even prevent, HIV and AIDS education, so it is important to offer some clarification here.

Section 28 states that:

'(1) A local authority shall not:

- a. intentionally promote homosexuality or publish material with the intention of promoting homosexuality;
- b. promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship.'

This law applies only to local authorities, Section 28 *does not* apply to school governing bodies or teachers. Therefore the school sex education policy and those who carry it out are not subject to this legislation.

Section 28 also continues:

'(2) Nothing in subsection (1) above shall be taken to prohibit the doing of anything for the purpose of treating or preventing the spread of disease.'

Subsection (2) was drafted in response to specific concerns that teaching about HIV and AIDS might be restricted by subsection (1) and means that the law does *not* apply to HIV and AIDS work where the obvious intent is to prevent the spread of disease.

It is important to allay some of the anxiety that youth workers and teachers may have when working on HIV and AIDS. It cannot be stressed too strongly that Section 28 has nothing whatsoever to do with this kind of activity. It is also perfectly legal for teachers to encourage an acceptance of gay and lesbian relationships so long as, in England and Wales, they have the approval of school governors, and so long as their local authority has not asked them to do so.

This pack has been designed for use in out-of-school settings as well as in school, and many of the exercises included have already been used with great success with young people in youth clubs and centres up and down the country. There are many reasons for undertaking HIV and AIDS education in the youth service. It may be that the young people you work with ask questions which need addressing; HIV and AIDS may fit into work which you are already doing around sexuality and health; your line manager may request that you carry out some work; the local health promotion officer may suggest it; a theatre-in-education group may spark interest; or, you may feel that this work is important and decide to take up the issues which HIV and AIDS raise.

Youth workers, and other adults who work with young people out of school, tend to be familiar with the principles behind groupwork which are described in this pack, and have often employed them in working on topics other than HIV and AIDS. However, there are some important points in relation to HIV and AIDS education which need to be taken into account. Obviously, there is great variation between the settings where work with young people takes place, and how you proceed will be influenced partly by where you work. Here we make the distinction between informal settings, and those which are somewhat more structured.

Working in informal settings

The exercises in this pack are intended for use in a situation where it is possible to provide some structure. Obviously in very informal settings, the kind of youth club where perhaps little other than snooker, darts, coffee and table tennis are provided, it may be difficult to create time and space for pre-planned activities. Here, a great deal of discussion will happen spontaneously, in response to a casual comment or general questions. It is important, however, to bear in mind that HIV and AIDS is a subject of great interest to most young people, and that this interest can be built upon to everyone's advantage. Instead of merely expressing disapproval when, for example, someone refuses to share a cup with a friend because of the supposed risk of AIDS, or when prejudiced graffiti about AIDS appears, try to start an informal conversation on the subject and suggest a later session to find out more about the issues.

Perhaps yours is a setting in which issue-based work around drugs, sexuality, alcohol and relationships takes place anyway. It is in fact difficult, and sometimes not helpful, to deal with HIV and AIDS in isolation, separated from issues to do with relationships, sexuality, girls' or boys' work and so on. The exercises in this pack will fit into many different issue-based programmes and their colour coding should enable you to find those that are most appropriate.

Work in more Structured Settings or on Training Schemes

If you work more formally with young people, you will need to decide for yourself how HIV and AIDS education fits in with what you are trying to achieve. 'Health and Safety at Work', 'Community Care' or 'Personal Effectiveness' are some of the more obvious areas in which a consideration of issues around HIV infection and AIDS can be appropriate. The exercises have been designed so that you can pick those which fulfil your needs, and all can be modified as and when appropriate.

If you are able to allocate sufficient time to HIV and AIDS education, you may decide to combine a number of exercises. And if individuals need to complete written assignments or independent activities as part of their work, there are some suggestions in Appendix I. Young people in a more structured setting may find the informality of groupwork makes them uneasy, and it is very difficult to get frank and lively participation in a room which is full of desks. If at all possible, arrange chairs in a circle to encourage a more relaxed atmosphere. It is also important in a formal situation to use the vocabulary exercise SS1 early on to enable group members to feel that it is all right to use everyday language when talking about sex rather than medical terms. For the purposes of assessment, most exercises encourage the appropriate use of language and aim to develop the ability to receive and understand quite complex information. If you have specific assessment criteria to meet, a few simple changes to some of them may enable you to focus on additional skills.

SUMMARY

As we have seen, education about HIV and AIDS is essential if young people are to protect themselves and others. It is also important too from the perspective of those people who are living with HIV or AIDS if we are to be able to offer them care and support, and break down the prejudices which exist. Given the stream of advice, which can often be misleading, we need to encourage young people to say what they need from HIV and AIDS education, and to enable them to explore the issues at their own pace. Participating actively in carefully designed small group activities has proved the most effective way of ensuring that this can happen, and with a little preparation and a willingness to get involved, this kind of work can be challenging, effective and enjoyable for everyone.

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